SPORT INJURY REPORT FORM

This form should be completed by a club official at the time of an accident, injury or other incident during a club sponsored, organized and/or supervised activity.

SUBMIT COMPLETED FORM TO:
Ontario Basketball Association
3 Concorde Gate, Suite 311
Toronto, ON M3C 3N7
Fax:(416) 426-7360
www.basketball.on.ca

PERSON INJURED: ☐ PLAYER ☐ TEAM OFFICIAL ☐ INSTRUCTOR ☐ COACH ☐ VOLUNTEER ☐ SPECTATOR ☐ OTHERS

First Name: _____ Last Name: _____ Contact #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

(1) Witness Name: _____ Witness Contact #: _____

(2) Witness Name: _____ Witness Contact #: _____

INFORMATION:

Team/Club/Organization Name: _____

Form Completed by: _____ Contact #: _____ Email: _____

Location Name: _____ ☐ Recreational ☐ Competitive Volunteer NCCP Level: _____

Location of Injury: ☐ Court ☐ Bleachers ☐ Locker Room ☐ Outside the Venue ☐ Other: (Please Specify) _____

AGE CATEGORIES:

☐ Novice U10 ☐ Atom U11 ☐ Major Atom U12 ☐ Bantam U13 ☐ Major Bantam U14 ☐ Midget U15 ☐ Major Midget U16 ☐ Juvenile U17 ☐ Junior U19

SUBJECT BASKETBALL POSITION: ☐ Point Guard ☐ Shooting Guard ☐ Small Forward ☐ Power Forward ☐ Center

SUBJECT INVOLVED:

Date of Birth: _____ ☐ Male ☐ Female

Was the injured player in the correct level for their age category ☐ Yes ☐ No

SUBJECT INVOLVED:

Height (approx): _____ Weight (approx): _____

YEARS OF EXPERIENCE: ☐ 1+ ☐ 2-3 ☐ 4-9 ☐ 10+

Date of Injury: _____ Time of Injury: _____

HOW LONG INTO TRAINING/EVENT: ☐ Hours ☐ Minutes ☐ N/A

Game Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4rd ☐ Overtime

TYPE OF ACTIVITY:

☐ Training ☐ Practice ☐ Game/Competition ☐ Recreation ☐ Other

INJURY OCCURED DURING: ☐ Pre-Season ☐ Regular Season ☐ Post Season

INJURY CLASSIFICATION:

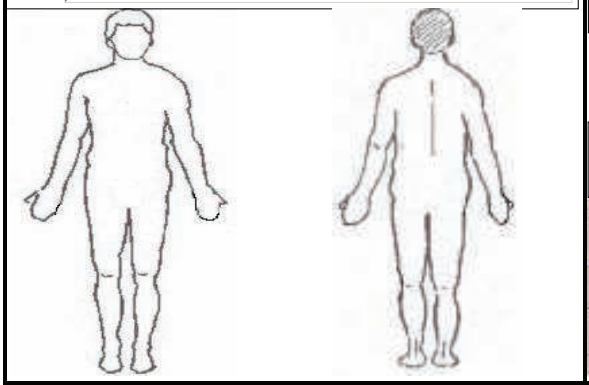
☐ Acute Injury ☐ New Injury ☐ Recurrent Injury this Year

☐ Recurrent Injury Last Year ☐ Complication of Prior Injury

☐ Recurrent Injury Non-Sport ☐ Other (Please Specify) _____

BODY PART(S) INJURED (Please Circle):

Specify:



SYMPTOMS:

☐ Pain ☐ Loss of Feeling ☐ Shortness of Breath

☐ Dizziness ☐ Loss of Consciousness ☐ Other (Please Specify)

NATURE OF INJURY: ☐ Lacerations ☐ Sprains ☐ Strains ☐ Fracture

☐ Dislocation ☐ Skin Injury ☐ Other (Please Specify)

Please indicate on the drawing the location of the participant at the time of the injury

CAUSE OF INJURY: Please indicate bellow the cause of injury or activity or skill involved that caused injury. For example, was injury caused by contact with another player (same team/ opponent) or independent of contact (i.e.tripping, rolling ankle while running, slipping on water):

INITIAL TREATMENT:

☐ None Given ☐ Rice (Rest, Immobilize, Cold, Elevate) ☐ Sling ☐ Splint

☐ Wrapping/Taping ☐ Dressing ☐ Crutches ☐ Manual Therapy

☐ CPR ☐ Stretch/Exercises ☐ None Given - Referred Elsewhere

REFERRAL:

☐ No Referral ☐ Medical Practitioner ☐ Physiotherapist ☐ Chiropractor

ANTICIPATED INJURY TIME LOSS:

☐ 0 ☐ 1- 2 days ☐ 3- 6 days ☐ 7- 9 days ☐ 10- 21 days ☐ 22+ days ☐ N/A

CARE:

☐ On-site Only ☐ Refused Care ☐ EMS Care ☐ Self Transport ☐ Hospital Care

COULD THIS INJURY HAVE BEEN AVOIDED? ☐ Yes ☐ No

EXPLAIN EXACTLY HOW INCIDENT/ACCIDENT OCCURRED:

Signature: _____ Date: _____